

IN THE SUPERIOR COURT OF WASHINGTON
FOR THE COUNTY OF KING

In the Guardianship of:)	Case No.:
_____)	
)	VERIFIED PETITION TO APPOINT
)	ATTORNEY FOR ALLEGED
An Alleged Incapacitated Person.)	INCAPACITATED PERSON
_____)	

COMES NOW _____, and states as follows:

1. Relief Requested. Entry of an order appointing _____ as the attorney for the Alleged Incapacitated Person in the above-entitled action.

2. Statement of Facts. _____ is the Guardian ad Litem in this matter. _____ is an attorney licensed to practice law in the State of Washington. The Alleged Incapacitated Person has requested that the Court appoint _____ to represent him/her in this Guardianship action. In the event the assets of the Alleged Incapacitated Person are not sufficient, the attorney should be paid at County expense.

3. Evidence Relied Upon. The statements contained in this Petition and the entire record and file in this matter.

4. Authority. RCW 11.88.045.

DATED AND SIGNED IN OPEN COURT THIS ____ DAY OF _____, 200__.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

Signature of Guardian ad Litem

Printed Name of Guardian ad Litem, WSBA#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address